MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13962 CERTIFICATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY) MARYLAND c. LENGTH OF STAY IN 1b limits, write RURAL and give nearest tawn) e. IS RESIDENCE ON A FARM? YES NO d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, rive street address) d. STREET ADDRESS 3. NAME OF Middle 4. DATE Month First Year DECEASED (Type or print) DEATH IF UNDER 1F UNDER 24 HRS 6. COLOR OR RACE 9. AGE (In years 5. SEX 7. MARRIED DATE OF BIRTH NEVER MARRIED birthday) Manths Doys Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HPRRU MG-LAS INFORMAN' Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' eas Conditions, if ony, which gove rise to immediate couse (a), DHE TO stoting the underlying cause WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART CERTIFICATION 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW/NJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (State) 20c. TIME OF INJURY Month, Doy, Year (County) Hour o.m. factory, street, affice bldg., etc.) Not While 21. I certify that (1) (this haspital) attended the deceased from saw the deceased alive an and that death accurred at M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR 22d_ADDRESS 22c. PHYSICIAN'S Queen Anne, Maryland Kurt Lederer, M.D. BURIAL, CREMATION DATE THEREOF 23c. NAME OF CEMETERY OR CREMAJORY LOCATION (City or Town) (County) REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 2Sb. DATE

Pertificate be executed within 24 haurs ofter death.

OR ATTENDING PHYSICIAN: The low requires that the learth

Page 4 moy be retained by the hospital or ottending physicion.

O FUNERAL DIRECTOR: After

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, perendval, and in any event, within 72 hours after the state.

	1386	N OF STATISTIC	AL RESE	CERTIFIC		OF DEATH	N SIREEI, E	SALTIMUR	13.)65
1.	PLACE DF DEATH a. COUNTY		-14			2. USUAL RESIDENC a. STATE		lived, If instit	-	
	b. CITY OR TOW	N (if outside corporate and give nearest tow	oline te limits,	c. LENGTH OF STAY I		c. CITY OR TOWN (If	ryland outside corporat	e limits, write	RURAL and gi	ve nearest town)
	Rural F	Henderson		20 Yrs		Rural H	enderso	n		5-/
	d. NAME OF HOS		IN (if not in i	ospital, give street add	iress)	d. STREET ADDRESS				ON A FARM?
3.	NAME OF	None	rst	Middle		None	4. DATE	Month	Day	YES NO Year
	DECEASED (Type or print)	Edw	ard	Lee	Do	ve	DF DEATH	Oct	28	19 66
	SEX	6. COLOR OR RACE	7. MARRIED			. DATE OF BIRTH	9. AG	E (In years IF Lairthday) M	UNDER TYEAR	Hours Min.
	lale		WIDOWED			3-1-1889	/ Chata au fe	yrs.	12. CITIZEN	OF WHAT
dur	ing most of work	ION (Give kind of work ing life, even if retire	d) 10b. i	(IND OF BUSINESS OR INDUSTRY		Marylan		reign country)	COUNTRY	?
13	FATHER'S NAM				7-17	14. MOTHER'S MAID			FTUA	SUFERIN
		seph Dove				Mollie	Powers			
15 (Ye	. WAS DECEASED (EVER IN U.S. ARMED FO (If yes give war or dates o	f service)	SOCIAL SECURITY NO.		INFORMANT	**	Address	25.2	
_				None		illiam Do	ve Hen	derson		POVIN DETWEEN
		DEATH [Enter only on EATH WAS CAUSED BY		line for (a), (b), and (c).		(23) 3			ONS	RVAL BETWEEN ET AND DEATH
	MMEDIATE CAUSE (a) GOT OTTAT Y TITL OTB BOSTS									
	Conditions, if any, which \ Arteriosclerotic C. V. Dis. with									
	gave rise to Immediate (D) Hypertension									
	underlying cause last. (c)									
MEDICAL CERTIFICATION	PART II. OTHER S	SIGNIFICANT CONDITION	ONS CONTRIB	UTING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL D	ISEASE CONDITION	ON GIVEN IN PA	ART 1(a) 19.	WAS AUTOPSY PERFORMED?
CERTIFI	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING DING CAUSE OF DEA	TH NER)	DESCRIBE HOW INJUR	OCCU	RRED. (Enter nature of	injury in Part I	or Part II of I	Item 18.)	
CAL	20c. TIME OF	INJURY Month, Day,	Year 20d.	INJURY OCCURRED 20	e. PLA	CE OF INJURY (Home, fary, street, office bldg., et	rm, 20f. (City	or town)	(County)	(State)
MED	Hour a.r		While at wor	F-3 INDE ANHIER F-3	14010	Ji di ceti omeo biabil e	,			
	21. I certif	y that (I) (this hos	oital) attend	led the deceased fro	m_O	ct. 28 , 19				nat (i) (we) last
	saw the deceased alive on 1905, and that death occurred atM, from the causes and on the date stated above.									
	222	22a_SIGNATURE 22b. DATE SIGNED 22b. DATE SIGNED 22b. DATE SIGNED 22c. DATE SIGNED								
	22c. PHYSICIA	IN'S	40	enge-	M.D	PHYS. 22d. ADDRESS	DIRECTOR []	rnio.	00012.	92300
	NAME (T	(pe) Charle	s H.S	tondsifer	M.I	Gree	nghoro	Md.	27 630	
23	BURIAL, CREM REMOVAL (Spo	ATION, 23b. DATE	THEREOF			OR CREMATORY		ION (City, tow		(State)
24			20	ADDRESS	701	25a. REC	Green	R 25b. REG	ASTRAR'S SIGN	IATURE
1	+6.19	rulain 2	reese	s Onco.	me	C. DATE	VOV 2	1966	Marle	Judge
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13965 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Caroline o. STATE Maryland b. COUNTY Caroline 2, and 3 ta PM3. Page death. MARYLAND delay Department b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits; write RURAL and give neorest town) write RURAL and give nearest town) Federalsburg Life Federalsburg e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Office alang with farm South University Avenue 307 South University Avenue YES NO X This certificate shauld be executed within 24 hours after death. 3. NAME OF Middle 4. DATE Month Dov First OF DEATH DECEASED 19 Noble Handy October 19 66 George event within (Type or print) B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) May 4, 1904 White Male DIVORCED WIDOWED 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT IDo, USUAL OCCUPATION (Give kind of work done COUNTRY Maintenance Employee at Caroline Foods Caroline County, Maryland farwarded to the Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lillian Noble Albert S. Handy 16. SOCIAL SECURITY NO. 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) ar remaval, 215-16-3383 Florence E. Handy, Federalsburg, Maryland INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY burial-transit ONSET AND DEATH Comenial IMMEDIATE CAUSE (o) burial, crematian, DUE TO Automobile Conditions, if ony, which gove) rise to immediate couse (o), stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) pe designated agent, prior ta the funeral director. Page 4 shauld be 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B. 2Do. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Whilewasky CAUSE OF DEATH. not by an actiminite 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 2Df. (City or town) (County) 2Dc. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Co 45 10/19 1966 While of work of work FUNERAL DIRECTOR: Page Roud heating brooth Tedersho. 2). I certify that I took charge of the remains described above, held an Autopsy , inspection , and in my opinion Inquiry [Natural causes , Accident , Suicide , Hamicide , Undetermined manner death resulted fram: CHIEF MEDICAL EXAMINER **ACTUAL** ASSISTANT MEDICAL EXAMINER M.D. SIGNATURE DEPUTY MEDICAL EXAMINER 0 EXAMINER'S NAME (Type) Preston, Md. Harold B. Plummer, M.D. 5 may 1 TO FUNEI Health Address (Street, city, town, or county) 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) Oct.22,1966 Near Federalsburg Maryland
250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Bethel Cemetery 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR J. J. Framptom and Son, Federalsburg, Maryland DATE OCT 21 VR A15ME (5) Miarley Judg 1966 6M 1/66

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removar and in any event, within 72 hours after death. hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
13966 CERTIFICATE OF DEATH
13060

	7000	U		CERTIFICAT	E OF DEATH		3080
1.	PLACE DF DEAT	Н		the first term of the second			tution: Residence before admission)
		aroline		MARYLAND	a. STATE Mar	yland b. COUNT	Y Caroline
	b. CITY OR TOV	N (If outside corporat and give nearest tow	e limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write	e RURAL and give nearest town)
	F	ederalsburg		7 Years	Fed	eralsburg	0.5 1
	d. NAME OF HO	SPITAL OR INSTITUTIO	N (if not in h	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
		lderkin Nur	sing H	ome	R.F	.D.	YES NO
3.	NAME OF DECEASED (Type or print)	Wal	ter	Marion	Love Love	4. DATE Month	3 Year 19 66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years III	FUNDER 1 YEAR IF UNDER 24 HRS.
N	sale	White	WIDOWED		August 3, 18	71 last birthday) N	Months Days Hours Min.
10a dur Re	ing most of work	TION (Give kind of work king life, even if retired Sa	done 10b. l	CIND OF BUSINESS OR INDUSTRY OPERATOR	11. BIRTHPLACE (Co	unty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAM	/E	,		14. MOTHER'S MAID		
		William T	. Love		Ann	ie E. Payne	
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16	. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(YI	is, no, or unkown)	(If yes give war or dates o	(service)	None M:	re. Lenore W	oward, Harmony,	Maruland
		DEATH LEnter only on	e cause ner	line for (a), (b), and (c).]	Tital a	oward, marmony,	INTERVAL BETWEEN
		EATH WAS CAUSED BY	. 1	Mus cend	lead ofm	buction	ONSET AND DEATH
1	1150	IMMEDIATE CAUSE	(a)	1190000	2110		- Juci.
40	420	DUE	TO	20 July 19 19 19 19 19 19 19 19 19 19 19 19 19			
	Conditions, If gave rise to		(b)				
	cause (a), s		TO				
Z	underlying cau		(c)				AND WAS AUTODOV
MEDICAL CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITIO	NS CONTRIB	UTING TO DEATH BUT NOT RELI	ATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
TE	20a. ACCIDENT	WAS UNDERLYING ING CAUSE OF DEA	20b.	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of	injury in Part I or Part II of	item 18.)
CER	OR CONTRIBUT	ING CAUSE OF DEAD OTIFY MEDICAL EXAMI	(H NER)				
AL		INJURY Month, Day,		INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, fa	rm, 20f. (City or town)	(County) (State)
OG	Hour a.	m.	While	MOT WILLIAM	ory, street, office bldg., et	tc.)	
Ξ		.m. 19	at wor		2 nd mar	11. Ballera	20 /1/2 11 12 11 1 1 1 1 1 1 1 1 1 1 1 1 1
			ital) attend	ded the deceased from K	ot death occurred at		, 19 6C, that (I) (we) last
	saw the de	eceased alive on		19, and tha	it death occorred at	M, from the causes a	nd on the date stated above. 22b. DATE SIGNED
	Thes	ik M.	and	dorson M.	D. ATTENDING		10-4-66
	22c. PHYSICI NAME (T	yp rank M.	Ande:	rson M.D.	22d. ADDRESS	sburg, Maryland	d
238	a. BURIAL, CREI	MATION.I 23b. DATE	THEREOF	1 23c. NAME OF CEMETER		23d. LOCATION (City, tow	
	REMOVAL (Sp Burial	eclfy) -	. 1966				
24	. FUNERAL DIR	CTOR /	1	ADDRESS	Cemetery 25a. REC	D'D BY REGISTRAR 25b. REG	GISTRAR'S SIGNATURE
1	proceed	ramplous H	Son.	Federalsburg, 1	Md. DATE O	CT 7' 1966 &	Charley Judge
/	1-4 46/1	Lampton //			DATE U	01 1000 _/	

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		nolvan wari				
	Austus 3, 1871	T. A. A.	93168	alns		
	Caroline Councy	rolondo l'Elice	tide goden	horizes		
	Admir E. Payne					
	Mrs. League Howard, Morestov,			94		
	Federalming, Farginal	Anderson E.D.				

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Obt. 5, 1966 Union Grove Constery

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or emoval, and in any event, within 72 hours after death.

	MARILAND STATE DEPARTMENT OF REA	LIN
DIVISION OF STATISTICAL	L RESEARCH AND RECORDS, 301 W. PRESTON STR	REET, BALTIMORE 1. MARYLAND
13967	CERTIFICATE OF DEATH	13970

	10000						
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)						
Caroline MARYLAND	e. STATE Maryland b. COUNTY Caroline						
	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural Penton 26 Yrs.	Rural Denton (15.1						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 9. IS RESIDENCE						
	ON A FARM?						
None	None YES NOT						
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year						
(Type or print) Naomi Frances Sh	noemaker DEATH Oct. 15 19 66						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.						
Female White WIDOWED DIVORCED 2	2-3-1895 71 yrs.						
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
during most of working life eyen if retired) WOUSTRY							
13. FATHER'S NAME	Virginia USA 14. MOTHER'S MAIDEN NAME						
James A. Cooper	Lucy Moliar						
*	INFORMANT Address						
	E.R. Shoemaker Denton, Md.						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: Carcinoma	of the breasts with						
170 X DUE TO regional metastasis							
Cenditions, If any, which) (b)							
gave rise to immediate (gave rise to immediate (
cause (a), stating the DUE 10 underlying cause last.							
	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPSY						
TAN THE PARTY OF T	PERFORMED?						
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Mass. (Enter Hataro of Highly III fair for fair to of from 20%						
	F OF INIURY (Home, farm, 20f. (City or town) (County) (State)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory Hour a.m. p.m. 19 While at work at work	E OF INJURY (Home, farm, 20f. (City or town) (County) (State) y, street, office bidg., etc.)						
21. I certify that (I) (this hospital) attended the deceased from NC	v. 10 , 1955 to Oct. 15 , 1966 , that (1) (we) last						
saw the deceased alive on UCT. 1900, and that	death occurred atM, from the causes and on the date stated above.						
22a. SIGNATURE	LOOK DATE CLONED						
Cleurles At Honor lese M.D.	ATTENDING MED. PHYS. DOct. 17 166						
22c. PHYSICIAN'S	22d. ADDRESS						
NAME (Type) Charles H. Stonesifer, M.	D. Greensbore, Md. 21639						
23a, BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)						
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) Oct. 18-66 Denton	Denton, Maryland						
242 FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
V. & B. 0 - 1 & 0. 20	and act of the Minds Onles						
T'O' Noulais Greenstoro, 11	Col. I DATE ULI SI 1000 June June						
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O FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 15,4d2 with the State Department af Health ar its designated agent, prior to burial, crematian, ar remaval, and in any event within 72 hours after death. 5 may be retained for yaur files.
 TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File

HEALTH DEPT. necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page any delay is This certificate shauld be executed within 24 hours after death. If

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1396		MEDICAL EXAM	INER'S CERTI	FICATE OF	DEATH	1397	
PLACE OF DEAT o. COUNTY	H Caroline	M	2. USU. o. ST		and b. C	citution: Residence OUNTY Carol	before odmission)
write RURAL Feder	N (If outside corporate limits, and give nearest town) alsburg - Rura			c. CITY OR TOWN (If outside corporate limits, write RURAL and Federalsburg, Maryland			give neorest town)
	SPITAL OR INSTITUTION (If not in record)	hospital, give street oddress)	d. STRE	et address 201 W	est Central	Avenue	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Marshall	Middle Woodr		lost ffle	OF	ober	Doy Year 15 19 66
S. SEX Male		MARRIED NEVER MARS	I Iuma	29, 191	9. AGE (In yeors lost birthdoy 53 yrs) Months D	EAR IF UNDER 24 HRS. Doys Hours Min.
during most of work	IION (Give kind of work done ing life, even if retired) anager, Caroli	10b. KIND OF BUSINESS OR INDUSTRY ne Farms Text	ron Co. M	RTHPLACE (Stote or ancheste THER'S MAIDEN NA	r, Maryland	COUN	EN OF WHAT ITRY?
Ed	ward E. Stoffl	e		Bessie Y	ingling		
15. WAS DECEASED (Yes, no, or unknow Yes	EVER IN U.S. ARMED FORCES? (If yes give war or dotes of se	16. SOCIAL SECURITY NO 213-03-98	. 17. INFORMAL	NT		ddress	rvland
Conditions, if a rise to immed stoting the unlost.	F DEATH (Enter only one couse procedure was CAUSED BY: MMEDIATE CAUSE (o). DUE TO DUE TO DUE TO DUE TO Cony, which gove DUE TO Cony, which gove Cony, which gove DUE TO Cony Couse Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony Cony	Asphyxia Drowning Depression				m	interval between onset and beath inutes
PART II. OTHER	R SIGNIFICANT CONDITIONS CONT				,		19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNA PRIMARY EFFOR	CONTRIBUTING	206. DESCRIBE HOW INJURY Found floa	,		,		
20c. TIME OF Hour	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 10/15/6% 20d. INJURY OCCURRED While Not While of work prayed pit 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) Federal snburg Maryla						
1	21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinion death resulted fram: Natural causes , Acident , Suicide , Hamicide , Undetermined manner ACTUAL SIGNATURE						
NAME (Type) 23o. BURIAL, CREM	ATION, 23b. DATE THEREO	DF 23c. NAME OF C	EMETERY OR CREMATOR	RY	23d. LOCATION (City or	,	10/19/66 ounty) / 19/66
REMOVAL (Spe			rest Ceme		Federalsi		LATILOTES.
Jenne Jenne	Tramptom and So	on, Federal'sbu	irg, Maryl	and DATE OC	T 2 1 1956	REGISTRAR'S SIGN	es Judge

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